

II 提升社區能力 Community Empowerment

Professor Sophia CHAN

Deputy Director of Public Health Research Centre and Assistant Dean of the Li Ka Shing Faculty of Medicine,
The University of Hong Kong
Professor in Nursing and Director of Research in School of Nursing, The University of Hong Kong

Professor Chan's research portfolio explores comparative ethno-cultural differences between Chinese and other smokers through the synthesis of epidemiological and social science methodologies. She developed a programme of research to test nurses' interventions through randomised controlled trials to change smokers' behaviour, and to protect children from exposure to secondhand smoke. She is one of the top funded nursing researchers in Hong Kong, and she publishes extensively in international journals in nursing, tobacco control, and public health. She consults widely internationally and was invited by the World Health Organization to provide leadership on their tobacco control programme and policy workshops.

無煙城市 Smoke-free Community

共創無煙社區：聯合控煙伙伴、實施戒煙服務與成效評估

Building a smoke-free community: Partnership, implementation, and evaluation

Smoking is the single most preventable hazard of health. Hong Kong has made significant achievements in tobacco control over the past 2 decades, which has successfully reduced the smoking prevalence from 23.3% in 1982 to 11.1% in 2010. Through the years, The University of Hong Kong (HKU) has been working closely on evidence-based projects with partners such as the Department of Health, Hong Kong Council on Smoking and Health, and other non-governmental organisations, towards the goal of building a smoke-free community. To this end, we have been developing and testing effective smoking cessation interventions to different targeted smoking populations, and providing evidence to support tobacco control legislation and policies. Notably, we are pleased to present the emerging findings and outcomes of two recent projects funded by the Health Care and Promotion Fund.

The first project is the HKU Youth Quitline, established from August 2005 to December 2007, for young smokers aged between 12 and 25 years. We trained student counsellors to provide tailored motivational interventions at baseline, 1-week and 1-month, and telephone follow-up surveys were conducted at 3, 6, and 24 months to monitor the smoking status of the participants. We also worked closely with community partners such as schools and relevant NGOs to reach the young smokers. A total of 486 youth smokers received baseline telephone counselling intervention and 24% (114 / 486) quit successfully at 6-month follow-up (self-reported 7-day point prevalence with intention-to-treat analysis). For those who did not quit smoking, 27% reduced daily cigarette consumption by half or more when compared with baseline data, and 40% reported at least one quit attempt.

The second project is the HKU gender-specific smoking cessation project for female smokers. During November 2006 to March 2009, we engaged a number of community partners working with women, and formed the Woman Against Tobacco Taskforce (WATT). We trained their community workers to provide brief intervention, and provide referral services including stage-matched smoking cessation counselling via either face-to-face or telephone intervention, by experienced nurse counsellors. Counsellors contacted participants after 1-week and 1-month to reinforce quitting behaviours. Participant's smoking status was assessed at 3- and 6-month telephone follow-up. A total of 271 female smokers received our intensive gender-specific cessation counselling and the quit rate was 25.8% (70 / 271) at 6-month follow-up; the remaining 31.8% had reduced their cigarette consumption by at least 50% and 41.6% reported at least one quit attempt.

Due to the successful outcomes, we have attracted further collaboration and funding from the Department of Health, the Hong Kong Council on Smoking and Health, and HKU, to sustain these meaningful programmes. Key elements of the project successes involved developing continuous partnership with, and engaging stakeholders in the community; building capacity among community partners and NGOs; reaching out to recruit participants for the programme and providing maximum benefits to the community; evaluating in a robust approach the process and outcomes of the intervention; and finally transferring the knowledge to the community through sharing platforms such as forums and press conferences.